## Case 16-27094 Doc 1 Filed 08/23/16 Entered 08/23/16 16:57:18 Desc Main Document Page 1 of 51

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

# Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:   | Identify Yourself   |  |   |
|-----|---|---|--|---|
|     |   |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You   | ır full name  |  |   |
|     | Writ  | e the name that is on   | Bozena                                   |   |
|     | your government-issued picture identification (for example, your driver's license or passport). | our government-issued cture identification (for   | First name                               | First name                                    |
|     |   |   | Middle name                              | Middle name                                   |
|     |   | g your picture  | Szczesna                                 |   |
|     |   | identification to your meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     | <b>A</b> II   |   |  |   |
| 2.  |   | other names you have d in the last 8 years  |  |   |
|     |   | ude your married or<br>den names.   |  |   |
| 3.  | you<br>nun<br>Indi  | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>ntification number | xxx-xx-2705                              |   |

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Debtor 1 Bozena Szczesna

|    |   | About Debtor 1:   | Α  | bout Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|----|---|---|----|---|--|--|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  |    | ☐ I have not used any business name or EINs.  |  |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | В  | usiness name(s)   |  |  |  |
|    |   | EINs  | E  | INs   |  |  |  |
| 5. | Where you live  | 7737 W. 161st Place   | If | Debtor 2 lives at a different address:  |  |  |  |
|    |   | Tinley Park, IL 60477   |    |   |  |  |  |
|    |   | Number, Street, City, State & ZIP Code  | N  | umber, Street, City, State & ZIP Code   |  |  |  |
|    |   | Cook<br>County  |    |   |  |  |  |
|    |   | ,   |    | ounty   |  |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | in | <b>Debtor 2's mailing address is different from yours, fill it here.</b> Note that the court will send any notices to this nailing address. |  |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | N  | umber, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6. | Why you are choosing this district to file for  | Check one:  | С  | theck one:  |  |  |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |    | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                        |  |  |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |    | I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |  |  |  |
|    |   |   |    |   |  |  |  |

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Document Case number (if known) Debtor 1 Bozena Szczesna

| 7.  | The chapter of the Bankruptcy Code you are  |        |                                | orief description of each, see go to the top of page 1 and  |                         |   | S.C. § 342(b) for Individu                       | uals Filing for Bankruptcy                                       |
|-----|---|--------|--------------------------------|---|-------------------------|---|--|--|
|     | choosing to file under  | ■ Cha  | pter 7                         |   |                         |   |  |  |
|     |   | ☐ Cha  | pter 11                        |   |                         |   |  |  |
|     |   | ☐ Cha  | pter 12                        |   |                         |   |  |  |
|     |   | ☐ Cha  | pter 13                        |   |                         |   |  |  |
| 8.  | How you will pay the fee  | _<br>o | bout how yo                    | entire fee when I file my p<br>ou may pay. Typically, if you a<br>attorney is submitting your p<br>address. | are paying              | the fee yourself,                         | , you may pay with cash                          | n, cashier's check, or money                                     |
|     |   |        |                                | the fee in installments. If   |                         | e this option, sig                        | n and attach the Applica                         | ation for Individuals to Pay                                     |
|     |   |        | •                              | e in Installments (Official For<br>It <b>my fee be waived</b> (You ma                                       |                         | this ontion only                          | if you are filing for Char                       | oter 7. Rv law, a judge may                                      |
|     |   | b<br>a | ut is not req<br>pplies to you |   | may do so<br>able to pa | o only if your inco<br>y the fee in insta | ome is less than 150% of liments). If you choose | of the official poverty line that this option, you must fill out |
| 9.  | Have you filed for bankruptcy within the  | □ No.  |                                |   |                         |   |  |  |
|     | last 8 years?   | Yes.   |                                |   |                         |   |  |  |
|     |   |        | District                       | Northern District of<br>Illinois  | When                    | 7/30/10                                   | Case number                                      | 10-34201   |
|     |   |        | District                       | IIIIIOIS  | When                    |   | Case number                                      |  |
|     |   |        | District                       |   | When                    |   | Case number                                      |  |
|     |   |        | 2.0                            |   | _ *****                 |   |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No   |                                |   |                         |   |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes. |                                |   |                         |   |  |  |
|     |   |        | Debtor                         |   |                         |   | Relationship to y                                | /ou  |
|     |   |        | District                       |   | When                    | -   | Case number, if                                  | known  |
|     |   |        | Debtor                         |   |                         |   | Relationship to y                                | /ou  |
|     |   |        | District                       |   | When                    |   | Case number, if                                  | known  |
| 11. | Do you rent your  | ■ No.  | Go to li                       | ine 12.   |                         |   |  |  |
|     | residence?  | ☐ Yes. | Has yo                         | ur landlord obtained an evict   | tion judgm              | ent against you a                         | and do you want to stay                          | in your residence?   |
|     |   |        |                                | No. Go to line 12.  |                         | - •                                       | •  |  |
|     |   |        |                                | Yes. Fill out <i>Initial Statemer</i> bankruptcy petition.  | nt About ar             | n Eviction Judgm                          | ent Against You (Form                            | 101A) and file it with this                                      |

Document Page 4 of 51 Case number (if known) Debtor 1 Bozena Szczesna Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

immediate attention?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Bozena Szczesna Document Page 5 of 51 Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 51 Case number (if known) Debtor 1 **Bozena Szczesna** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Bozena Szczesna Signature of Debtor 2 Bozena Szczesna Signature of Debtor 1 Executed on August 23, 2016 Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Bozena Szczesna Document Page / 01 51 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Alicja M. Sroka                            | Date          | August 23, 2016      |
|--|---------------|----------------------|
| Signature of Attorney for Debtor               | <del></del>   | MM / DD / YYYY       |
| Alicja M. Sroka                                |               |                      |
| Printed name                                   |               |                      |
| Alicja M. Sroka & Associates, P.C.             |               |                      |
| 7742 W. Higgins Unit C102<br>Chicago, IL 60631 |               |                      |
| Number, Street, City, State & ZIP Code         |               |                      |
| Contact phone <b>847 720 4787</b>              | Email address | alicja@sroka-law.com |
| 6302024  |               |                      |
| Bar number & State                             |               |                      |

|                    |                           | Docume            | ent Page 8 of 5 | 1 | <u>-</u>                             |
|--------------------|---------------------------|-------------------|-----------------|---|--------------------------------------|
| Fill in this info  | rmation to identify your  | case:             |                 |   |                                      |
| Debtor 1           | Bozena Szczesna           | l                 |                 |   |                                      |
|                    | First Name                | Middle Name       | Last Name       |   |                                      |
| Debtor 2           |                           |                   |                 |   |                                      |
| Spouse if, filing) | First Name                | Middle Name       | Last Name       |   |                                      |
| Jnited States B    | Sankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |   |                                      |
| Case number        |                           |                   |                 |   |                                      |
| if known)          |                           | _                 |                 |   | ☐ Check if this is an amended filing |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  |            | assets<br>of what you own |
|-----|--|------------|---------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$         | 90,000.00                 |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$         | 29,775.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$         | 119,775.00                |
| Par | t 2: Summarize Your Liabilities  |            |                           |
|     |  |            | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$         | 182,916.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$         | 2,300.00                  |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$         | 26,023.67                 |
|     | Your total liabilities   | \$         | 211,239.67                |
| Par | rt 3: Summarize Your Income and Expenses   |            |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$         | 4,606.80                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$         | 4,568.10                  |
| Par | Answer These Questions for Administrative and Statistical Records  |            |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your                    | r other sc | hedules.                  |
| 7.  | ■ Yes What kind of debt do you have?   |            |                           |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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the court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 5,211.50 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | claim    |
|--|---------|----------|
| From Part 4 on Schedule E/F, copy the following:   |         |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 2,300.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$      | 3,955.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 6,255.00 |

| Cas   | se 16-2709 <sup>2</sup>              | 4 DOCT I                      | _          | 08/23/16               | Entered 08/23/<br>Page 10 of 51  | 16 16:57       | .18 De             | SC IV   | iain                                      |
|---|--------------------------------------|-------------------------------|------------|------------------------|--|----------------|--------------------|---------|---|
| ill in this inform                                    | nation to identify                   | your case and th              |            | ument                  | Page 10 0151   |                |                    |         |   |
| Debtor 1  | Bozena Szcz                          | <u> </u>                      | · ·        | ,-                     |  |                |                    |         |   |
| Jebioi i  | First Name                           |                               | e Name     |                        | Last Name  |                |                    |         |   |
| Debtor 2  |                                      |                               |            |                        |  |                |                    |         |   |
| Spouse, if filing)                                    | First Name                           | Middle                        | e Name     |                        | Last Name  |                |                    |         |   |
| Jnited States Ban                                     | nkruptcy Court for                   | the: NORTHER                  | N DIST     | RICT OF ILLI           | NOIS   |                |                    |         |   |
| Case number   |                                      |                               |            |                        |  |                |                    |         | Check if this is ar                       |
|   |                                      |                               |            |                        | -<br>  |                |                    | _       | amended filing                            |
| Schedule<br>each category, se<br>ink it fits best. Be | as complete and a space is needed, a | roperty escribe items. List a | le. If two | married people         | an asset fits in more than or<br>e are filing together, both ar<br>ie top of any additional page | e equally resp | onsible for su     | upplyin | g correct                                 |
|   |                                      |                               |            |                        |  |                |                    |         |   |
| Part 1: Describe E                                    | ach Residence, Bu                    | uilding, Land, or Ott         | her Keai   | Estate You Ov          | vn or Have an Interest In  |                |                    |         |   |
| ☐ No. Go to Part:  ☐ Yes. Where is  7737 W. 16        |                                      |                               | What       |                        | <b>y?</b> Check all that apply   | D- not dod     | t unad al          |         | anadhaa Duk                               |
|   | f available, or other des            | cription                      |            | Single-family I        |  |                |                    |         | exemptions. Put as on Schedule D:         |
|   | •                                    |                               |            | •                      | lti-unit building<br>ı or cooperative  |                |                    |         | rured by Property.                        |
|   |                                      |                               |            |                        | ·  |                |                    |         |   |
| Tinley Park   | k IL                                 | 60477-0000                    |            |                        | or mobile home   | Current va     |                    |         | rent value of the                         |
| City  | N IL State                           | ZIP Code                      |            | Land<br>Investment pro | onerty   | entire prop    | erty?<br>30,000.00 | port    | ion you own?<br>\$90,000.00               |
| J.,   | <del></del> -                        |                               |            | Timeshare              | operty   |                |                    |         | . ,                                       |
|   |                                      |                               |            | Other                  |  | (such as fe    | ee simple, ten     |         | vnership interest<br>by the entireties, o |
|   |                                      |                               | Who        |                        | t in the property? Check one   | a life estate  | e), if known.      |         |   |
| Cook  |                                      |                               |            | Debtor 1 only          |  | -              |                    |         |   |
| Cook  |                                      |                               |            | ,                      |  |                |                    |         |   |
| County  |                                      |                               |            |                        | Debtor 2 only  If the debtors and another  |                | t if this is con   | nmunity | y property                                |
|   |                                      |                               | Other      | 7 11 10 dot 0110 0     | ou wish to add about this it   | ,              | ,                  |         |   |
|   |                                      |                               |            |                        |  |                |                    |         |   |
| 2. Add the dolla                                      | ar value of the po                   | ortion you own fo             | r all of   | your entries f         | from Part 1, including an  | y entries for  |                    |         |   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

pages you have attached for Part 1. Write that number here.....=>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$90,000.00

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|               | tor 1 Bozena Szczesna  |   | ase number (if known)                    |   |
|---------------|--|---|--|---|
| 3. <b>C</b> a | ars, vans, trucks, tractors, sport utility v   | ehicles, motorcycles  |  |   |
|               | No   |   |  |   |
|               | Yes  |   |  |   |
|               | loon   |   | Do not deduct secured of                 | claims or exemptions. Put   |
| 3.1           | Make: Jeep  Model: Cherokee Loredo   | Who has an interest in the property? Check one  | the amount of any secur                  | red claims on Schedule D:<br>nims Secured by Property.                            |
|               | Year: Cherokee Loredo 2004   | ■ Debtor 1 only □ Debtor 2 only   |  |   |
|               | Approximate mileage: 169000  | Debtor 1 and Debtor 2 only  | Current value of the<br>entire property? | Current value of the<br>portion you own?  |
|               | Other information:   | ☐ At least one of the debtors and another   |  |   |
|               |  |   |  | *   |
|               |  | ☐ Check if this is community property (see instructions)  | \$4,000.00                               | \$4,000.00  |
| 3.2           | Make: Chevy  | Who has an interest in the property? Check one  |  | claims or exemptions. Put   |
|               | Model: Blazer  | ■ Debtor 1 only   |  | red claims on Schedule D:<br>aims Secured by Property.                            |
|               | Year: <b>1998</b>  | Debtor 2 only   | Current value of the                     | Current value of the  |
|               | Approximate mileage: 210000  | ☐ Debtor 1 and Debtor 2 only  | entire property?                         | portion you own?  |
|               | Other information:   | At least one of the debtors and another   |  |   |
|               |  | ☐ Check if this is community property (see instructions)  | \$1,000.00                               | \$500.00  |
| 3.3           | Make: Jeep   | Who has an interest in the property? Check one  | the amount of any secur                  | claims or exemptions. Put red claims on Schedule D:                               |
|               | Model: Patriot   | Debtor 1 only   | Creditors Who Have Cla                   | nims Secured by Property.   |
|               | Year: 2015   | Debtor 2 only   | Current value of the                     | Current value of the  |
|               | Approximate mileage: 15000 Other information:  | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | entire property?                         | portion you own?  |
|               | Debtor bought a car for her  | At least one of the debtors and another   |  |   |
|               | brother, brother is making all the payments and is in the possesion of the vehicle.  | ☐ Check if this is community property (see instructions)  | \$21,000.00                              | \$21,000.00   |
| Ex            |  | and other recreational vehicles, other vehicles, an<br>vatercraft, fishing vessels, snowmobiles, motorcycle a |  |   |
|               |  | wn for all of your entries from Part 2, including are that number here  |  | \$25,500.00   |
| Part          | 3: Describe Your Personal and Household  | Items   |  |   |
| Do y          | ou own or have any legal or equitable i  |   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E             | ousehold goods and furnishings<br>ixamples: Major appliances, furniture, linen<br>No | s, china, kitchenware   |  |   |
| _             | Yes. Describe  |   |  |   |
|               | res. Describe  |   |  |   |

Official Form 106A/B Schedule A/B: Property

page 2

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Case number (if known) Document Debtor 1 **Bozena Szczesna** 7 Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ■ Yes. Describe..... \$1,000.00 TV, laptop, phone 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11 Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$750.00 Necessary clothing apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... \$250.00 Wedding band and costume jewelry Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,200,00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

Official Form 106A/B Schedule A/B: Property page 3

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Case number (if known) Document Debtor 1 **Bozena Szczesna** ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **PNC** \$300.00 17.1. Checking account Checking account-sons **PNC** \$600.00 17.2. account Checking-sons **PNC** \$50.00 17.3. account **Checking-business** account -CIA-sons account-only signer on the **PNC** \$25.00 17.4. account **PNC** \$100.00 Checking 17.5. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

Case 16-27094

Doc 1

Filed 08/23/16

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Desc Main

|    |                   | Case 16-27094  | Doc 1                       | Filed 08/23/16<br>Document   | Entered 08/23/16 16:57:18<br>Page 14 of 51              | Desc Main   |  |  |  |  |  |
|----|-------------------|--|-----------------------------|------------------------------|---|---|--|--|--|--|--|
| D  | ebtor 1           | Bozena Szczesna  |                             | Document                     | Case number (if known)                                  |   |  |  |  |  |  |
|    | ■ No<br>□ Yes     | Institution na   | ame and desc                | cription. Separately file th | ne records of any interests.11 U.S.C. § 521(c):         |   |  |  |  |  |  |
| 25 | . Trusts,<br>■ No | equitable or future intere   | ests in prope               | rty (other than anythin      | g listed in line 1), and rights or powers exe           | rcisable for your benefit                                   |  |  |  |  |  |
|    | ☐ Yes.            | Give specific information a  | bout them                   |                              |   |   |  |  |  |  |  |
| 26 | Examp<br>■ No     | ents, copyrights, trademarks, trade secrets, and other intellectual property amples: Internet domain names, websites, proceeds from royalties and licensing agreements of the specific information about them  |                             |                              |   |   |  |  |  |  |  |
| 27 | Examp<br>■ No     | <ul> <li>Licenses, franchises, and other general intangibles         Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses         ■ No         □ Yes. Give specific information about them     </li> </ul> |                             |                              |   |   |  |  |  |  |  |
| M  | loney or          | property owed to you?  |                             |                              |   | Current value of the portion you own? Do not deduct secured |  |  |  |  |  |
| 28 | ■ No              | unds owed to you  Give specific information ab   | oout them, inc              | cluding whether you alre     | ady filed the returns and the tax years                 | claims or exemptions.                                       |  |  |  |  |  |
| 29 | ■ No              |  |                             | usal support, child suppo    | ort, maintenance, divorce settlement, property          | settlement  |  |  |  |  |  |
| 30 | Examp             | amounts someone owes y<br>bles: Unpaid wages, disabili<br>benefits; unpaid loans<br>Give specific information  | ty insurance                |                              | efits, sick pay, vacation pay, workers' compe           | nsation, Social Security                                    |  |  |  |  |  |
| 31 |                   | ts in insurance policies oles: Health, disability, or life   | e insurance; ł              | nealth savings account (     | HSA); credit, homeowner's, or renter's insurar          | nce   |  |  |  |  |  |
|    |                   | Name the insurance compa<br>Com  | any of each p<br>pany name: | olicy and list its value.    | Beneficiary:  | Surrender or refund value:                                  |  |  |  |  |  |
|    |                   | Alls   | tate,                       |                              |   | \$0.00  |  |  |  |  |  |
| 32 | If you a someo    | terest in property that is deare the beneficiary of a living the has died.  Give specific information  |                             |                              | ed<br>surance policy, or are currently entitled to rece | eive property because                                       |  |  |  |  |  |
| 33 | Examp ■ No        | oles: Accidents, employmen   |                             |                              | it or made a demand for payment<br>s to sue             |   |  |  |  |  |  |
|    |                   | Describe each claim  |                             |                              |   |   |  |  |  |  |  |
| 34 | ■ No              | Contingent and unliquidate  Describe each claim  |                             | every nature, including      | g counterclaims of the debtor and rights to             | set off claims  |  |  |  |  |  |

| Debt           | Case 16-27094   | Doc 1 Filed 08,<br>Docum        |             | Entered 08<br>Page 15 of | 8/23/16 16:57:18<br>51<br>Case number (if known) | Desc Main               |
|----------------|---|---------------------------------|-------------|--------------------------|--|-------------------------|
|                | 2020114 020200114   |                                 |             |                          | Case number (ii known)                           |                         |
|                | ny financial assets you did no                                      | ot already list                 |             |                          |  |                         |
|                | No<br>Yes. Give specific information.                               |                                 |             |                          |  |                         |
|                | res. Give specific information.                                     | •                               |             |                          |  |                         |
|                | Add the dollar value of all of y<br>for Part 4. Write that number h | •                               | _           |                          | •  | \$1,075.00              |
| Part 5         | Describe Any Business-Relate  | d Property You Own or Have a    | n Interest  | In. List any real esta   | ate in Part 1.                                   |                         |
| 37. <b>D</b> o | you own or have any legal or equ                                    | uitable interest in any busines | s-related p | roperty?                 |  |                         |
|                | No. Go to Part 6.   |                                 |             |                          |  |                         |
|                | es. Go to line 38.  |                                 |             |                          |  |                         |
|                |   |                                 |             |                          |  |                         |
| Part 6         | Describe Any Farm- and Comn If you own or have an interest in       |                                 | ty You Ow   | n or Have an Interes     | st In.   |                         |
| 46. <b>D</b>   | o you own or have any legal o                                       | or equitable interest in any    | farm- or    | commercial fishin        | g-related property?                              |                         |
| ı              | No. Go to Part 7.   |                                 |             |                          |  |                         |
| [              | Yes. Go to line 47.   |                                 |             |                          |  |                         |
|                |   |                                 |             |                          |  |                         |
| Part 7         | Describe All Property You   | ı Own or Have an Interest in Th | nat You Did | Not List Above           |  |                         |
| 53 <b>D</b>    | o you have other property of a                                      | any kind you did not alread     | ly liet?    |                          |  |                         |
|                | Examples: Season tickets, count                                     |                                 | iy iist:    |                          |  |                         |
|                | No  |                                 |             |                          |  |                         |
|                | Yes. Give specific information                                      |                                 |             |                          |  |                         |
| <b>5</b> 4     | Add the deller color of all of                                      |                                 | -14 - 414   | tt                       |  | 40.00                   |
| 54.            | Add the dollar value of all of y                                    | our entries from Part 7. W      | rite that n | umber nere               |  | \$0.00                  |
| Don't C        | List the Totals of Fook Down  | t of this Form                  |             |                          |  |                         |
| Part 8         | List the Totals of Each Part  | t or this Form                  |             |                          |  |                         |
| 55.            | Part 1: Total real estate, line 2                                   |                                 |             |                          |  | \$90,000.00             |
| 56.            | Part 2: Total vehicles, line 5                                      |                                 |             | \$25,500.00              |  |                         |
| 57.            | Part 3: Total personal and ho                                       | usehold items, line 15          |             | \$3,200.00               |  |                         |
|                | Part 4: Total financial assets,                                     |                                 |             | \$1,075.00               |  |                         |
|                | Part 5: Total business-related                                      | • • •                           |             | \$0.00                   |  |                         |
|                | Part 6: Total farm- and fishing                                     | • • •                           |             | \$0.00                   |  |                         |
| 61.            | Part 7: Total other property no                                     | ot listed, line 54              | +           | \$0.00                   |  |                         |
| 62.            | Total personal property. Add l                                      | ines 56 through 61              | _           | \$29,775.00              | Copy personal property t                         | otal <b>\$29,775.00</b> |
| 63.            | Total of all property on Sched                                      | lule A/B. Add line 55 + line 6  | 2           |                          |  | \$119,775.00            |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this information to identify your case:                       |
|---|
|   |
| Debtor 1 Bozena Szczesna  |
| First Name Middle Name Last Name                                      |
| Debtor 2  |
| (Spouse if, filing) First Name Middle Name Last Name                  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |
| Case number   |
| (if known)  |
|   |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are | you claiming? | Check one only. | even if your s | pouse is filing | with yo | эu |
|----|-----------------------------|---------------|-----------------|----------------|-----------------|---------|----|
|    |                             |               |                 |                |                 |         |    |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B  | Che                               | eck only one box for each exemption.                            |                                    |  |
| 7737 W. 161 Street Place Tinley Park, IL 60477 Cook County   | \$90,000.00                          |                                   | \$11,500.00   | 735 ILCS 5/12-901                  |  |
| Line from Schedule A/B: 1.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2004 Jeep Cherokee Loredo 169000 miles   | \$4,000.00                           |                                   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |  |
| Line from Schedule A/B: 3.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2004 Jeep Cherokee Loredo 169000 miles   | \$4,000.00                           |                                   | \$1,600.00  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 3.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 1998 Chevy Blazer 210000 miles   | \$500.00                             |                                   | \$500.00  | 735 ILCS 5/12-1001(b)              |  |
| Line Hom Schedule AVB. 3.2   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2015 Jeep Patriot 15000 miles  | \$21,000.00                          |                                   | \$0.00  | 735 ILCS 5/12-1001(c)              |  |
| Debtor bought a car for her brother, brother is making all the payments and is in the possesion of the vehicle.  Line from Schedule A/B: 3.3 |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |

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Debtor 1 Bozena Szczesna Document Case number (if known)

| Current value of the portion you own                                    |   |   | Specific laws that allow exemption   |
|---|---|---|--|
| Copy the value from Check only one box for each exemption. Schedule A/B |   |   |  |
| \$1,200.00  |   | \$1,200.00  | 735 ILCS 5/12-1001(b)  |
|   |   | 100% of fair market value, up to any applicable statutory limit         |  |
| \$1,000.00  |   | \$700.00  | 735 ILCS 5/12-1001(b)  |
|   |   | 100% of fair market value, up to any applicable statutory limit         |  |
| \$750.00  |   | \$750.00  | 735 ILCS 5/12-1001(a)  |
|   |   | 100% of fair market value, up to any applicable statutory limit         |  |
| \$250.00  |   | \$0.00  | 735 ILCS 5/12-1001(b)  |
|   |   | 100% of fair market value, up to any applicable statutory limit         |  |
| \$300.00  |   | \$0.00  | 735 ILCS 5/12-1001(b)  |
|   |   | 100% of fair market value, up to any applicable statutory limit         |  |
| \$25.00   |   | \$0.00  | 735 ILCS 5/12-1001(b)  |
|   |   | 100% of fair market value, up to any applicable statutory limit         |  |
| \$0.00  |   | \$0.00  | 215 ILCS 5/238   |
|   |   | 100% of fair market value, up to any applicable statutory limit         |  |
| f more than \$160,379<br>years after that for ca                        | ■<br>□<br>5?  | \$0.00  100% of fair market value, up to any applicable statutory limit | nt.)   |
|   | \$1,200.00 \$1,000.00 \$1,000.00 \$1,000.00 \$250.00 \$250.00 \$25.00 | \$1,000.00  | Streedule A/B  \$1,200.00  \$1,200.00  \$1,000.00  \$1,000.00  \$1,00% of fair market value, up to any applicable statutory limit  \$750.00  \$1,00% of fair market value, up to any applicable statutory limit  \$750.00  \$1,00% of fair market value, up to any applicable statutory limit  \$250.00  \$1,00% of fair market value, up to any applicable statutory limit  \$250.00  \$1,00% of fair market value, up to any applicable statutory limit  \$250.00  \$0,000 |

|   |                           | Document   | Page 18         | of 51                             |  |  |  |
|---|---------------------------|--|-----------------|-----------------------------------|--|--|--|
| Fill in this informa                        | tion to identify you      | ır case:   |                 |                                   |  |  |  |
| Debtor 1                                    | Bozena Szczesi            | na   |                 |                                   |  |  |  |
| Dobtor 1                                    | First Name                | Middle Name  | Last Name       |                                   | -  |  |  |
| Debtor 2                                    |                           |  |                 |                                   |  |  |  |
| (Spouse if, filing)                         | First Name                | Middle Name  | Last Name       |                                   |  |  |  |
| United States Bank                          | ruptcy Court for the:     | NORTHERN DISTRICT OF ILLII   | NOIS            |                                   |  |  |  |
|   |                           |  |                 |                                   | -  |  |  |
| Case number                                 |                           |  |                 |                                   |  | Markette de la |  |
| (II KIIOWII)                                |                           |  |                 |                                   |  | if this is an<br>led filina                        |  |
|   |                           |  |                 |                                   | amenc  | lea ming   |  |
| Official Form                               | 106D                      |  |                 |                                   |  |  |  |
|   |                           | Who Hove Claims  | `aaurad         | by Droport                        | .,   | 40/45  |  |
| Scriedule L                                 | . Creditors               | Who Have Claims S  | <u>secureu</u>  | by Propert                        | <u>y                                    </u> | 12/15  |  |
|   |                           | If two married people are filing togethe   |                 |                                   |  |  |  |
| is needed, copy the A<br>number (if known). | dditional Page, fill it o | out, number the entries, and attach it to  | this form. On   | the top of any additio            | nal pages, write your na                     | me and case  |  |
| 1. Do any creditors ha                      | ive claims secured by     | v vour property?   |                 |                                   |  |  |  |
|   |                           | his form to the court with your other s  | schodulos Vo    | u have nothing else t             | o roport on this form                        |  |  |
| _   |                           | ŕ  | criedules. 100  | u nave nothing else t             | o report on this form.                       |  |  |
| ■ Yes. Fill in a                            | Il of the information     | below.   |                 |                                   |  |  |  |
| Part 1: List All S                          | Secured Claims            |  |                 |                                   |  |  |  |
|   |                           | more than one secured claim, list the cred   |                 | Column A                          | Column B                                     | Column C   |  |
|   |                           | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. |                 | Amount of claim Do not deduct the | Value of collateral that supports this       | Unsecured portion                                  |  |
|   | ·                         | · ·  |                 | value of collateral.              | claim  | If any   |  |
|   | Auto Finance              | Describe the property that secures th  |                 | \$20,958.00                       | \$21,000.00                                  | \$0.00   |  |
| Creditor's Name                             |                           | 2015 Jeep Patriot 15000 miles  |                 |                                   |  |  |  |
|   |                           | Debtor bought a car for her b brother is making all the pay  |                 |                                   |  |  |  |
|   |                           | and is in the possesion of the   |                 |                                   |  |  |  |
| Attn: Bankr                                 | untay Dant                | vehicle.   |                 |                                   |  |  |  |
| Po Box 302                                  | • •                       | As of the date you file, the claim is: C   | heck all that   |                                   |  |  |  |
|   | ity, UT 84130             | apply.  Contingent   |                 |                                   |  |  |  |
|   | ty, State & Zip Code      | ☐ Unliquidated   |                 |                                   |  |  |  |
|   | .,, с с                   | ☐ Disputed   |                 |                                   |  |  |  |
| Who owes the debt                           | ? Check one.              | Nature of lien. Check all that apply.  |                 |                                   |  |  |  |
| Debtor 1 only                               |                           | ☐ An agreement you made (such as m   | ortgage or secu | ıred                              |  |  |  |
| Debtor 2 only                               |                           | car loan)  |                 |                                   |  |  |  |
| Debtor 1 and Debt                           | or 2 only                 | ☐ Statutory lien (such as tax lien, mech   | nanic's lien)   |                                   |  |  |  |
| $\hfill \square$ At least one of the        |                           | ☐ Judgment lien from a lawsuit   |                 |                                   |  |  |  |
| ☐ Check if this clair                       |                           | Other (including a right to offset)  |                 |                                   |  |  |  |
| community debt                              |                           |  |                 |                                   |  |  |  |
|   | Opened                    |  |                 |                                   |  |  |  |
|   | 06/15 Last                |  |                 |                                   |  |  |  |
|   | Active                    |  | 1001            |                                   |  |  |  |
| Date debt was incurr                        | ed <u>7/26/16</u>         | Last 4 digits of account number  | er 1001         |                                   |  |  |  |
|   |                           |  |                 |                                   |  |  |  |
| 2.2 Chase                                   |                           | Describe the property that secures th  |                 | \$157,000.00                      | \$180,000.00                                 | \$0.00   |  |
| Creditor's Name                             |                           | 7737 W. 161 Street Place Tinl<br>Park, IL 60477 Cook County  | еу              |                                   |  |  |  |
|   |                           | Tark, IE 00477 Cook County   |                 |                                   |  |  |  |
| P.O. Box 15                                 | 298                       | As of the date you file, the claim is: C apply.  | heck all that   |                                   |  |  |  |
| Wilmington                                  | , DE 19850                | ☐ Contingent   |                 |                                   |  |  |  |
| Number, Street, Ci                          | ty, State & Zip Code      | ☐ Unliquidated   |                 |                                   |  |  |  |
|   |                           | ☐ Disputed   |                 |                                   |  |  |  |
| Who owes the debt                           | ? Check one.              | Nature of lien. Check all that apply.  |                 |                                   |  |  |  |
| Debtor 1 only                               |                           | ☐ An agreement you made (such as m   | ortgage or secu | ired                              |  |  |  |
| Debtor 2 only                               |                           | car loan)  |                 |                                   |  |  |  |
| ☐ Debtor 1 and Debt                         | •                         | ☐ Statutory lien (such as tax lien, mech   | nanic's lien)   |                                   |  |  |  |
| $\ \square$ At least one of the             | debtors and another       | ☐ Judgment lien from a lawsuit   |                 |                                   |  |  |  |

Official Form 106D

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| Debtor 1 Bozena Szczesna               |  |   |             | Case number (if know)  |                    |        |  |
|--|--|---|-------------|------------------------|--------------------|--------|--|
| First Nam                              | e Middle N                                     | lame Last Name  |             |                        |                    |        |  |
| ☐ Check if this cla                    |  | ☐ Other (including a right to offset)                         |             |                        |                    |        |  |
| Date debt was incu                     | rred   | Last 4 digits of account number                               |             |                        |                    |        |  |
| JB Robins<br>Jewelers                  | on/Sterling                                    | Describe the property that secures the                        | claim:      | \$4,958.00             | \$5,000.00         | \$0.00 |  |
| Creditor's Name                        |  | Charge Account-Diamond ring bought for his financee           | -son        |                        |                    |        |  |
| Attn: Bank<br>Po Box 179<br>Akron, OH  | 99   | As of the date you file, the claim is: Che apply.  Contingent | ck all that |                        |                    |        |  |
| Number, Street, City, State & Zip Code |  | ☐ Unliquidated  |             |                        |                    |        |  |
| Who owes the deb                       | ot? Check one.                                 | ☐ Disputed  Nature of lien. Check all that apply.             |             |                        |                    |        |  |
| ■ Debtor 1 only □ Debtor 2 only        |  | An agreement you made (such as mortgage or secured car loan)  |             |                        |                    |        |  |
| Debtor 1 and Del                       | btor 2 only                                    | ☐ Statutory lien (such as tax lien, mechanic's lien)          |             |                        |                    |        |  |
| ☐ At least one of the                  | e debtors and another                          | ☐ Judgment lien from a lawsuit                                | ,           |                        |                    |        |  |
| ☐ Check if this cla                    |  | Other (including a right to offset)                           | welry-      | diamond ring-son bough | nt for his fiance. |        |  |
| Date debt was incu                     | Opened<br>06/16 Last<br>Active<br>rred 7/22/16 | Last 4 digits of account number                               | 4069        | )                      |                    |        |  |
|  |  |   |             |                        |                    |        |  |
| Add the dollar val                     | lue of your entries in C                       | Column A on this page. Write that number                      | here:       | \$182,916.00           | $o^{ }$            |        |  |
| If this is the last p                  |  | the dollar value totals from all pages.                       |             | \$182,916.00           |                    |        |  |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                               |   |   | Document   | Page 20 of !  | 51                       |                        |                            |
|-------------------------------|---|---|--|---|--------------------------|------------------------|----------------------------|
| Fill in                       | this informa  | tion to identify your c   | ase:   |   |                          |                        |                            |
| Debto                         | or 1  | Bozena Szczesna   |  |   |                          |                        |                            |
|                               |   | First Name  | Middle Name  | Last Name   |                          |                        |                            |
| Debto                         | or 2<br>e if, filing)                                 | First Name  | Middle Name  | Last Name   |                          |                        |                            |
|                               |   | ruptcy Court for the:   | NORTHERN DISTRICT OF   | ILLINOIS  |                          |                        |                            |
| Office                        | J States Darik  | rupicy Court for the.   | NORTHERN DISTRICT OF   | ILLINOIS  |                          |                        |                            |
| Case                          | number  |   |  |   |                          |                        |                            |
| (if know                      | m)  |   |  |   |                          | _                      | if this is an<br>ed filing |
|                               |   |   |  |   |                          | umona                  | ca ming                    |
| Offic                         | ial Form  | 106E/F  |  |   |                          |                        |                            |
| Scho                          | edule E/F   | F: Creditors W  | no Have Unsecure   | d Claims  |                          |                        | 12/15                      |
| Schedu<br>left. Att<br>name a | ule D: Creditors<br>ach the Contin<br>and case number | s Who Have Claims Secu<br>nuation Page to this page<br>er (if known). | ed Leases (Official Form 106G) red by Property. If more space . If you have no information to  | is needed, copy the Part                                    | t you need, fill it out, | number the entries in  | the boxes on the           |
| Part 1                        | List All o  | of Your PRIORITY Uns  | secured Claims   |   |                          |                        |                            |
| 1. Do                         | any creditors   | have priority unsecured   | claims against you?  |   |                          |                        |                            |
|                               | No. Go to Part  | t 2.  |  |   |                          |                        |                            |
|                               | Yes.  |   |  |   |                          |                        |                            |
| ide<br>po                     | entify what type<br>essible, list the c               | of claim it is. If a claim has claims in alphabetical order           | If a creditor has more than one p<br>both priority and nonpriority amo<br>according to the creditor's name<br>ticular claim, list the other creditor | ounts, list that claim here a<br>. If you have more than tw | and show both priority a | and nonpriority amount | s. As much as              |
| (F                            | or an explanatio                                      | on of each type of claim, se  | ee the instructions for this form in   | the instruction booklet.)                                   |                          |                        |                            |
|                               |   |   |  |   | Total claim              | Priority amount        | Nonpriority amount         |
| 2.1                           | IRS   |   | Last 4 digits of acc   | ount number   | \$1,200.00               | \$1,200.00             | \$0.00                     |
|                               | Priority Credi  | itor's Name<br>cv Remittance,   | When was the debt  | incurred?   |                          |                        |                            |
|                               |   | ce Box 21125  | Which was the debt   |   |                          | -                      |                            |
|                               | Philadelp   | hia, PA 19114   |  |   |                          |                        |                            |
|                               |   | et City State Zlp Code  | As of the date you   | file, the claim is: Check a                                 | all that apply           |                        |                            |
| V                             | Who incurred th                                       | he debt? Check one.   | ☐ Contingent   |   |                          |                        |                            |
|                               | Debtor 1 only   | y   | ☐ Unliquidated   |   |                          |                        |                            |
|                               | Debtor 2 only   | У   | ☐ Disputed   |   |                          |                        |                            |
|                               | Debtor 1 and  | Debtor 2 only   | Type of PRIORITY   | unsecured claim:  |                          |                        |                            |
|                               | At least one  | of the debtors and another  | ☐ Domestic suppor  |   |                          |                        |                            |
|                               | ☐ Check if this                                       | s claim is for a communi  | ty debt Taxes and certain  | n other debts you owe the                                   |                          |                        |                            |
| ls                            | s the claim sub                                       | oject to offset?  | ☐ Claims for death   | or personal injury while yo                                 | ou were intoxicated      |                        |                            |
| I                             | No  |   | ☐ Other. Specify   |   |                          |                        |                            |
| Г                             | □ Yes   |   |  | 2015  |                          |                        |                            |

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| Bozena Szczesna  | Case numi  | Der (if know)             |                          |                        |
|--|--|---------------------------|--------------------------|------------------------|
| 2.2 IRS  | Last 4 digits of account number                            | \$1,100.00                | \$1,100.00               | \$0.00                 |
| Priority Creditor's Name Insolvency Remittance, Post Office Box 21125 Philadelphia, PA 19114   | When was the debt incurred?                                |                           |                          |                        |
| Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that      | t apply                   |                          |                        |
| Who incurred the debt? Check one.  | ☐ Contingent   |                           |                          |                        |
| Debtor 1 only  | ☐ Unliquidated   |                           |                          |                        |
| Debtor 2 only  | ☐ Disputed   |                           |                          |                        |
| Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured claim:                          |                           |                          |                        |
| ☐ At least one of the debtors and another  | ☐ Domestic support obligations                             |                           |                          |                        |
| ☐ Check if this claim is for a community debt  | ■ Taxes and certain other debts you owe the gove           | rnment                    |                          |                        |
| Is the claim subject to offset?  | ☐ Claims for death or personal injury while you well       |                           |                          |                        |
| No   | Other. Specify   |                           |                          |                        |
| Yes  | 2014   |                           |                          |                        |
| Part 2: List All of Your NONPRIORITY Unsecu  | urad Claima  |                           |                          |                        |
| <ol> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> </ol> | laim. For each claim listed, identify what type of claim i | it is. Do not list claims | already included in Part | 1. If more<br>Page of  |
| 4.1 Advocate Health Care   | Last 4 digits of account number 7847                       |                           |                          | \$1,911.67             |
| Nonpriority Creditor's Name P.O. Box 4256 Carol Stream, IL 60197   | When was the debt incurred?                                |                           |                          | φ1, <del>3</del> 11.07 |
| Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all t         | that apply                |                          |                        |
| ■ Debtor 1 only  | ☐ Contingent   |                           |                          |                        |
| ☐ Debtor 2 only  | ☐ Unliquidated   |                           |                          |                        |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                           |                          |                        |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:                       |                           |                          |                        |
| ☐ Check if this claim is for a community   | ☐ Student loans  |                           |                          |                        |
| debt   | Obligations arising out of a separation agreen             | ment or divorce that ye   | ou did not               |                        |
| Is the claim subject to offset?  | report as priority claims                                  |                           |                          |                        |
| No   | ☐ Debts to pension or profit-sharing plans, and            | other similar debts       |                          |                        |
| ☐ Yes  | Other. Specify   |                           |                          |                        |

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Debtor 1 Bozena Szczesna Case number (if know) 4.2 \$10,436.00 **Avant Credit, Inc** Last 4 digits of account number 5495 Nonpriority Creditor's Name 640 N La Salle St When was the debt incurred? Suite 535 Chicago, IL 60654 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Unsecured Other, Specify 4.3 **Barclays Bank Delaware** Last 4 digits of account number 6501 \$1,885.00 Nonpriority Creditor's Name Po Box 8801 When was the debt incurred? Wilmington, DE 19899 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes \$769.00 4.4 **Capital One** 2037 Last 4 digits of account number Nonpriority Creditor's Name Po Box 30285 When was the debt incurred? Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Bozena Szczesna Case number (if know) 4.5 \$726.00 **Capital One** Last 4 digits of account number 5906 Nonpriority Creditor's Name Po Box 30285 When was the debt incurred? Salt Lake City, UT 84130 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.6 **Credit One Bank Na** Last 4 digits of account number 3255 \$742.00 Nonpriority Creditor's Name Po Box 98873 When was the debt incurred? Las Vegas, NV 89193 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.7 Credit One Bank Na Last 4 digits of account number \$583.00 6441 Nonpriority Creditor's Name Po Box 98873 When was the debt incurred? Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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Case number (if know) Debtor 1 Bozena Szczesna 4.8 First National Credit Card/Legacy \$1,022.00 Last 4 digits of account number 1546 Nonpriority Creditor's Name **First National Credit Card** When was the debt incurred? Po Box 5097 Sioux Falls, SD 51117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.9 **First Premier Bank** Last 4 digits of account number 6998 \$125.00 Nonpriority Creditor's Name 601 S Minneapolis Ave When was the debt incurred? Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.1 First Savings Credit Card \$725.00 5929 Last 4 digits of account number 0 Nonpriority Creditor's Name Po Box 5019 When was the debt incurred? Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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Case number (if know)

| DCDI     | Bozella Szczesila   | Odde Humber (II kilow)  |            |
|----------|---|---|------------|
| 4.1<br>1 | Kohls/Capital One   | Last 4 digits of account number 2754  | \$469.00   |
|          | Nonpriority Creditor's Name Po Box 3120   | When was the debt incurred?   |            |
|          | Milwaukee, WI 53201  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | □Yes  | Other. Specify Charge Account   |            |
| 4.1      | Midamerica/milestone/g  | Last 4 digits of account number 8885  | \$222.00   |
|          | Nonpriority Creditor's Name Po Box 4499   | When was the debt incurred?   |            |
|          | Beaverton, OR 97076   |   |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                      | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | ′   |   |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                    | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |
|          |   | Student loans   |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?            | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No  | □ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes   | Other Specify Credit Card   |            |
| 4.1      | Synchrony Bank/Walmart  | Last 4 digits of account number 4944  | \$1,380.00 |
| 3        | Nonpriority Creditor's Name   | Last 4 digits of account number 4944  | φ1,300.00  |
|          | Po Box 965064   | When was the debt incurred?   |            |
|          | Orlando, FL 32896  Number Street City State Zlp Code                                      | As of the date you file the claim in Check all that each  |            |
|          | Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
|          | Is the claim subject to offset?   | report as priority claims   |            |
|          | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes   | ■ Other. Specify Charge Account   |            |

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Case number (if know)

| Debtor             | 1 Bozena S   | Szczesna  |   | Case                      | number (if know)   |                         |
|--------------------|--|---|---|---------------------------|--|-------------------------|
| 4.1                | Target   |   | Last 4 digits of account number   | 8840                      | )  | \$1,073.00              |
|                    | Mailstop B   | ditor's Name ial & Retail Services F PO Box 9475 s, MN 55440            | When was the debt incurred?   |                           |  |                         |
| ;                  | Number Street  | City State Zlp Code   | As of the date you file, the claim  | is: Chec                  | ck all that apply  |                         |
|                    |  | the debt? Check one.  |   |                           |  |                         |
|                    | Debtor 1 on  | ly  | ☐ Contingent  |                           |  |                         |
|                    | Debtor 2 on  | ly  | ☐ Unliquidated  |                           |  |                         |
|                    | _  | d Debtor 2 only   | Disputed  |                           |  |                         |
|                    | ☐ At least one   | of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                  |  |                         |
|                    | ☐ Check if th  | is claim is for a community   | Student loans   |                           |  |                         |
|                    |  | bject to offset?  | ☐ Obligations arising out of a separeport as priority claims                        | aration a                 | greement or divorce that you did not   |                         |
|                    | No   |   | Debts to pension or profit-sharing  | ng plans,                 | , and other similar debts  |                         |
|                    | Yes  |   | Other. Specify Credit Card  | t                         |  |                         |
| 4.1<br>5           | Educationa   |   | Last 4 digits of account number   | 8581                      | <u> </u>   | \$3,955.00              |
|                    | Nonpriority Creditor's Name  2401 International  Madison, WI 53704  Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only |   | When was the debt incurred?   |                           |  |                         |
|                    |  |   | As of the date you file, the claim  | ck all that apply         |  |                         |
|                    |  |   | ☐ Contingent  |                           |  |                         |
|                    |  |   | ☐ Unliquidated  |                           |  |                         |
|                    | Debtor 1 and Debtor 2 only   |   | ☐ Disputed  |                           |  |                         |
|                    | ☐ At least one of the debtors and another  |   | Type of NONPRIORITY unsecure  |                           |  |                         |
|                    | ☐ Check if this claim is for a community   |   | Student loans   |                           |  |                         |
|                    | debt Is the claim subject to offset?   |   | Obligations arising out of a separeport as priority claims                          |                           |  |                         |
|                    | No   | •   | Debts to pension or profit-sharing  | , and other similar debts |  |                         |
|                    | ☐ Yes  |   | Other. Specify  |                           |  |                         |
|                    |  |   | Educationa  | al                        |  |                         |
| Part 3:            | List Other   | s to Be Notified About a Debt   | That You Already Listed   |                           |  |                         |
| is tryii<br>have r | ng to collect from   | om you for a debt you owe to some                                       | eone else, list the original creditor in<br>ou listed in Parts 1 or 2, list the add | Parts 1                   | ady listed in Parts 1 or 2. For exampl<br>I or 2, then list the collection agency<br>reditors here. If you do not have add | here. Similarly, if you |
| Part 4:            | Add the A  | mounts for Each Type of Unse  | ecured Claim  |                           |  |                         |
|                    | the amounts of<br>f unsecured cla  |   | s. This information is for statistical r  | eporting                  | g purposes only. 28 U.S.C. §159. Add   | the amounts for each    |
|                    |  |   |   |                           | Total Claim  |                         |
|                    | 6a.  | Domestic support obligations  |   | 6a.                       | \$0.00   |                         |
|                    | Total<br>aims  |   |   |                           |  |                         |
| from P             |  | •   | <del>-</del>  | 6b.                       | \$ 2,300.00  |                         |
|                    | 6c.<br>6d.   | Claims for death or personal inj<br>Other. Add all other priority unsec | ured claims. Write that amount here.  | 6c.<br>6d.                | \$ 0.00<br>\$ 0.00   |                         |
|                    | 6e.  | Total Priority. Add lines 6a throug                                     | ıh 6d.  | 6e.                       | \$ 2,300.00  |                         |
|                    |  |   |   |                           |  |                         |
| 7                  | 6f.  | Student loans   |   | 6f.                       | Total Claim \$ 3,955.00  |                         |
|                    | aims   | Obligations arising out of a sepayou did not report as priority cla     | aration agreement or divorce that ims   | 6g.                       | \$0.00   |                         |

Official Form 106 E/F

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Debtor 1 Bozena Szczesna

| 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$<br>0.00         |  |
|-----|---|-----|--------------------|--|
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$<br>\$ 22,068.67 |  |
| 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$<br>26.023.67    |  |

|                     |                          | 1700.000          |             |                     |
|---------------------|--------------------------|-------------------|-------------|---------------------|
| Fill in this infor  | rmation to identify your | case:             |             |                     |
| Debtor 1            | Bozena Szczesna          | 1                 |             |                     |
|                     | First Name               | Middle Name       | Last Name   |                     |
| Debtor 2            |                          |                   |             |                     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                     |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                     |
| Case number         |                          |                   |             |                     |
| (if known)          |                          |                   |             | Check if this is an |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.2 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.3 | <u> </u>  |              | <u> </u>              |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.4 | 0.1.5     |              | 0.0.0                 | 2.1. 0000         |   |
| 2.4 | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.5 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
|     | - ity     |              | Cidio                 |                   |   |

|                                |   | Docume   | nt Page 29 d              | ול זו                                   |   |
|--------------------------------|---|--|---------------------------|---|---|
| Fill in this i                 | information to identify your                                      |  |                           |   |   |
| Debtor 1                       | Bozena Szczesna   | 3  |                           |   |   |
|                                | First Name  | Middle Name  | Last Name                 |   |   |
| Debtor 2<br>(Spouse if, filing | g) First Name   | Middle Name  | Last Name                 |   |   |
| United State                   | es Bankruptcy Court for the:                                      | NORTHERN DISTRICT                                    | OF ILLINOIS               |   |   |
|                                | . ,   |  |                           |   |   |
| Case numb<br>(if known)        | er  |  |                           |   | ☐ Check if this is an   |
|                                |   |  |                           |   | amended filing  |
| Official                       | Form 106H   |  |                           |   |   |
|                                | ule H: Your Cod   | ebtors   |                           |   | 12/15   |
|                                | <u> </u>  | 0.01010  |                           |   | .2,10   |
| ill it out, an                 | nd number the entries in the<br>and case number (if known         | boxes on the left. Attach<br>. Answer every question | the Additional Page t     | to this page. On the to                 | needed, copy the Additional Page,<br>p of any Additional Pages, write   |
| 1. Do y                        | ou have any codebtors? (If  | you are filing a joint case,                         | do not list either spouse | e as a codebtor.                        |   |
| ■ No<br>□ Yes                  |   |  |                           |   |   |
| Arizona<br>                    | a, California, Idaho, Louisiana                                   |  |                           |   | ty states and territories include   |
| `                              | Go to line 3. Did your spouse, former spo                         | use or legal equivalent live                         | with you at the time?     |   |   |
| □ res.                         | Did your spouse, former spo                                       | use, or legal equivalent live                        | e with you at the time?   |   |   |
| in line<br>Form 1              | 2 again as a codebtor only  | f that person is a guaran                            | tor or cosigner. Make     | sure you have listed t                  | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                                | Column 1: Your codebtor<br>ame, Number, Street, City, State and Z | IP Code  |                           | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt es that apply:  |
| 3.1                            |   |  |                           | ☐ Schedule D, lir                       | ne  |
|                                | lame  |  |                           | ☐ Schedule E/F,                         |   |
|                                |   |  |                           | ☐ Schedule G, lir                       | ne  |
|                                | lumber Street   |  |                           | <u> </u>                                |   |
| C                              | City  | State  | ZIP Code                  |   |   |
| 3.2                            |   |  |                           | ☐ Schedule D, lir                       | ne  |
|                                | lame  |  |                           | □ Schedule E, III                       |   |
|                                |   |  |                           | ☐ Schedule G, lir                       |   |
| <u> </u>                       | lumber Street   |  |                           | _                                       |   |
|                                | City  | State  | ZIP Code                  |   |   |

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| Debtor 1   | Bozena Szc   | zesna   |   |   |
|--|--|---|---|---|
| Debtor 2<br>Spouse, if filing)   |  |   |   |   |
| Jnited States Bankr  | uptcy Court for the  | : NORTHERN DISTRIC  | CT OF ILLINOIS  |   |
| Case number  |  |   |   | Check if this is:  An amended filing  A supplement showing postpetition chapt 13 income as of the following date:   |
| Official Forr  | n 106l   |   |   | MM / DD/ YYYY   |
| Olliciai i Oll   |  |   |   | IVIIVI / DD/ TTTT   |
| Schedule I<br>e as complete and<br>upplying correct ir<br>pouse. If you are s<br>ttach a separate sh   | accurate as positions formation. If you eparated and you neet to this form.  | sible. If two married peo<br>are married and not fili<br>r spouse is not filing w   | ng jointly, and your spouse is livi<br>ith you, do not include informatio   | 1:<br>and Debtor 2), both are equally responsible for<br>ng with you, include information about your<br>on about your spouse. If more space is neede<br>case number (if known). Answer every quest                |
| e as complete and upplying correct in pouse. If you are stach a separate shart 1:  Description:  | accurate as possiformation. If you eparated and you eet to this form.  | sible. If two married peo<br>are married and not fili<br>r spouse is not filing w   | ng jointly, and your spouse is livi<br>ith you, do not include informatio   | and Debtor 2), both are equally responsible for<br>ng with you, include information about your<br>on about your spouse. If more space is neede<br>case number (if known). Answer every quest                      |
| e as complete and upplying correct in pouse. If you are setach a separate shart 1:  Description  | accurate as possiformation. If you eparated and you leet to this form. ibe Employment ployment   | sible. If two married peo<br>are married and not fili<br>r spouse is not filing w<br>On the top of any additi                       | ng jointly, and your spouse is livi<br>ith you, do not include informatio<br>onal pages, write your name and  | and Debtor 2), both are equally responsible for<br>ng with you, include information about your<br>on about your spouse. If more space is neede  |
| e as complete and upplying correct in pouse. If you are stach a separate shart 1:  Description:  Fill in your eminformation.   | accurate as possiformation. If you eparated and you neet to this form. ibe Employment ployment e than one job, the page with   | sible. If two married peo<br>are married and not fili<br>r spouse is not filing w   | ng jointly, and your spouse is livi<br>ith you, do not include informatio<br>onal pages, write your name and<br>Debtor 1                                  | and Debtor 2), both are equally responsible fong with you, include information about your on about your spouse. If more space is needed case number (if known). Answer every quest Debtor 2 or non-filing spouse  |
| e as complete and upplying correct in pouse. If you are stach a separate sheart 1:  Describe  | accurate as possiformation. If you eparated and you neet to this form. ibe Employment ployment e than one job, the page with   | sible. If two married peo<br>are married and not fili<br>r spouse is not filing w<br>On the top of any additi                       | ng jointly, and your spouse is livith you, do not include informational pages, write your name and  Debtor 1  Employed                                    | nnd Debtor 2), both are equally responsible for ng with you, include information about your on about your spouse. If more space is neede case number (if known). Answer every quest Debtor 2 or non-filing spouse |
| e as complete and upplying correct in pouse. If you are stach a separate sheart 1:  Description:  Fill in your eminformation.  If you have monattach a separatinformation about the separation and the sepa | accurate as possiformation. If you eparated and you neet to this form.  ibe Employment  re than one job, the page with out additional  re, seasonal, or                          | sible. If two married peo<br>are married and not fili<br>r spouse is not filing w<br>On the top of any additi                       | pg jointly, and your spouse is livith you, do not include informational pages, write your name and  Debtor 1  Employed  Not employed                      | Debtor 2 or non-filing spouse  Employed  Not employed   |
| e as complete and upplying correct in pouse. If you are sittach a separate shart 1:  Describe | accurate as possiformation. If you eparated and you epet to this form. iibe Employment  re than one job, the page with but additional  re, seasonal, or work.  y include student | sible. If two married peo<br>are married and not filir<br>r spouse is not filing w<br>On the top of any additi<br>Employment status | pg jointly, and your spouse is livith you, do not include informational pages, write your name and  Debtor 1  Employed  Not employed  Supervisor/Cleaning | Debtor 2 or non-filing spouse  Employed  Not employed  Truck Driver   |

spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

|    |      |          | non-fili | ng spouse |
|----|------|----------|----------|-----------|
| 2. | \$   | 3,456.50 | \$       | 0.00      |
| 3. | +\$_ | 0.00     | +\$      | 0.00      |
| 4. | \$   | 3,456.50 | \$       | 0.00      |

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

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| Debt | tor 1         | Bozena Szczesna  | _         | (   | case r | number ( <i>if kr</i> | iown)  |      |             |             |   |
|------|---------------|--|-----------|-----|--------|-----------------------|--------|------|-------------|-------------|---|
|      |               |  |           |     | For    | Debtor 1              |        |      | or Debtor   |             |   |
|      | Con           | vy line 4 hore   | 4.        |     | \$     | 2 450                 | · FO   | _r   | on-filing s | •           | _   |
|      | Cop           | y line 4 here  | 4.        |     | Φ      | 3,456                 | 0.50   | 4    | ,           | 0.00        | <u>,                                     </u> |
| 5.   | List          | all payroll deductions:  |           |     |        |                       |        |      |             |             |   |
|      | 5a.           | Tax, Medicare, and Social Security deductions  | 5a        | ١.  | \$     | 549                   | .70    | \$   | ;           | 0.00        | )   |
|      | 5b.           | Mandatory contributions for retirement plans   | 5b        | ).  | \$     | C                     | 0.00   | \$   | ;           | 0.00        | )   |
|      | 5c.           | Voluntary contributions for retirement plans   | 5c        | :.  | \$     |                       | 0.00   | \$   | ;           | 0.00        | )   |
|      | 5d.           | Required repayments of retirement fund loans   | 5d        |     | \$     |                       | 0.00   | \$   |             | 0.00        | _   |
|      | 5e.           | Insurance  | 5e        |     | \$     |                       | 0.00   | \$   |             | 0.00        | _   |
|      | 5f.<br>5g.    | Domestic support obligations Union dues  | 5f.<br>5g |     | \$     |                       | 0.00   | \$   |             | 0.00        |   |
|      | 5g.<br>5h.    | Other deductions. Specify:   | 5h        |     | \$<br> |                       | 0.00   |      |             | 0.00        |   |
| 6.   |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6         |     | \$     |                       |        | . \$ |             |             |   |
|      |               |  |           |     | · —    |                       | 0.70   |      |             | 0.00        | _   |
| 7.   | Caic          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.        |     | \$     | 2,906                 | 08.8   | \$   | i           | 0.00        | <u>)                                    </u>  |
| 8.   | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total              |           |     |        |                       |        |      |             |             |   |
|      |               | monthly net income.  | 8a        | ١.  | \$     | C                     | 0.00   | \$   |             | ,700.00     | <u>)</u>                                      |
|      | 8b.           | Interest and dividends   | 8b        | ).  | \$     |                       | 0.00   | \$   | í           | 0.00        | <u>)                                    </u>  |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce  |           |     |        |                       |        |      |             |             |   |
|      |               | settlement, and property settlement.   | 8c        |     | \$     |                       | 0.00   | \$   |             | 0.00        | _   |
|      | 8d.           | Unemployment compensation  | 8d        |     | \$     |                       | 0.00   | \$   |             | 0.00        | _   |
|      | 8e.<br>8f.    | Social Security Other government assistance that you regularly receive   | 8e        | ÷.  | \$     | C                     | 0.00   | \$   | ·           | 0.00        | <u>)</u>                                      |
|      | OI.           | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   | e<br>8f.  |     | \$     | C                     | 0.00   | \$   | 5           | 0.00        | )   |
|      | 8g.           | Pension or retirement income   | <br>8g    | ١.  | \$     | C                     | 0.00   | \$   | ;           | 0.00        | <u> </u>                                      |
|      | 8h.           | Other monthly income. Specify:   | 8h        | 1.+ | \$     | C                     | 0.00   | + \$ | ;           | 0.00        | )   |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.        | \$  | S      | C                     | 0.00   | \$   | ;           | 1,700.0     | 00  |
| 10   | Calc          | culate monthly income. Add line 7 + line 9.  | 10.       | \$  | •      | 2,906.80              | + \$   |      | 1,700.00    | = \$        | 4,606.80                                      |
|      |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |           | Ψ_  |        | -,500.00              | .  * - |      | 1,700.00    |             | 4,000.00                                      |
| 11.  | Stat<br>Inclu | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your per friends or relatives.  Interest include any amounts already included in lines 2-10 or amounts that are not | depe      |     | ,      | ,                     |        | ,    | in Schedule | e J.<br>+\$ | 0.00  |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines  |           |     |        |                       |        |      |             | \$          | 4,606.80                                      |
| 13.  | Dov           | you expect an increase or decrease within the year after you file this form  | ?         |     |        |                       |        |      |             | Combi       | ined<br>Ily income                            |
|      | ,             | No.  |           |     |        |                       |        |      |             |             |   |
|      | $\overline{}$ | Yes Explain:   |           |     |        |                       |        |      |             |             |   |

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| Fill         | n this informa                                | tion to identify yo                                  | our case:              | ·  |   | l                         |  |   |
|--------------|---|--|------------------------|--|---|---------------------------|--|---|
| Debt         |   | Bozena Szcz  |                        |  |   | Chr                       | eck if this is:                              |   |
| Debt         | 101 1   | Bozena Szcz  | zesna                  |  |   |                           | An amended filing                            |   |
| Debt<br>(Spo | tor 2<br>buse, if filing)                     |  |                        |  |   |                           | A supplement show<br>13 expenses as of       | wing postpetition chapter the following date: |
| ` '          |   | untou Court for the                                  | . NODTL                | IEDNI DISTRICT OE II I INI                                     | OIS.  |                           | MM / DD / YYYY                               |   |
| Unite        | ed States Bankr                               | uptcy Court for the                                  | : NORTE                | IERN DISTRICT OF ILLIN   | 015   |                           | MIM / DD / YYYY                              |   |
|              | e number<br>nown)                             |  |                        |  |   |                           |  |   |
| Of           | ficial Fo                                     | rm 106J  |                        |  |   |                           |  |   |
|              |   | J: Your  |                        |  |   |                           |  | 12/15   |
| info         | rmation. If m                                 | and accurate as<br>ore space is ne<br>n). Answer eve | eded, atta             | . If two married people ar<br>ch another sheet to this i<br>n. | e filing together, b<br>form. On the top of | oth are eq<br>f any addit | ually responsible fo<br>ional pages, write y | or supplying correct<br>your name and case    |
| Part         |   | ibe Your House                                       | hold                   |  |   |                           |  |   |
| 1.           | Is this a joir                                |  |                        |  |   |                           |  |   |
|              | ■ No. Go to                                   |  | in a senar             | ate household?   |   |                           |  |   |
|              | □ 103. <b>D00</b>                             |  | iii a sepai            | ate nousenoid:   |   |                           |  |   |
|              |   |  | st file Offici         | al Form 106J-2, <i>Expenses</i>                                | for Separate House                          | ehold of De               | btor 2.                                      |   |
| 2.           | Do you have                                   | e dependents?  | ■ No                   |  |   |                           |  |   |
|              | Do not list D<br>Debtor 2.                    | •  | ☐ Yes.                 | Fill out this information for each dependent                   | Dependent's relat<br>Debtor 1 or Debto      |                           | Dependent's age                              | Does dependent live with you?                 |
|              | Do not state                                  | the  |                        |  |   |                           |  | □ No  |
|              | dependents                                    | names.   |                        |  |   |                           |  | Yes   |
|              |   |  |                        |  |   |                           |  | □ No<br>□ Yes                                 |
|              |   |  |                        |  |   |                           |  | □ No  |
|              |   |  |                        |  |   |                           |  | ☐ Yes   |
|              |   |  |                        |  |   |                           |  | □ No  |
|              | _   |  |                        |  |   |                           |  | ☐ Yes   |
| 3.           |   | enses include<br>f people other t                    | han                    | No   |   |                           |  |   |
|              | •   | d your depende                                       |                        | Yes  |   |                           |  |   |
| Part         |   | ate Your Ongoi                                       |                        |  |   |                           |  |   |
| exp          |   |  |                        | uptcy filing date unless y<br>y is filed. If this is a supp    |   |                           |  |   |
| the          | ude expense<br>value of sucl<br>icial Form 10 | n assistance an                                      | non-cash<br>d have ind | government assistance it<br>cluded it on <i>Schedule I:</i> Y  | f you know<br>our Income                    |                           | Your exp                                     | enses   |
| (0           | 1010111 01111 10                              | , o.i.,  |                        |  |   | _                         |  |   |
| 4.           |   | or home owners<br>and any rent for th                |                        | ses for your residence. In<br>r lot.                           | nclude first mortgag                        | e<br>4.                   | \$   | 970.00  |
|              | If not includ                                 | led in line 4:                                       |                        |  |   |                           |  |   |
|              | 4a. Real e                                    | estate taxes   |                        |  |   | 4a.                       | \$   | 0.00  |
|              |   | rty, homeowner's                                     |                        |  |   | 4b.                       | ·  | 0.00  |
|              |   |  |                        | upkeep expenses  |   | 4c.                       | ·  | 100.00  |
| 5            |   | owner's associat                                     |                        | dominium dues<br>our residence, such as hoi                    | me equity loans                             | 4d.<br>5.                 | ·  | 0.00  |

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| ebtor 1        | Bozena Szczesna   | Case num | ber (if known) |                            |
|----------------|---|----------|----------------|----------------------------|
| . Utilit       | ies:  |          |                |                            |
| 6a.            | Electricity, heat, natural gas  | 6a.      | \$             | 275.00                     |
| 6b.            | Water, sewer, garbage collection  | 6b.      | \$             | 101.00                     |
| 6c.            | Telephone, cell phone, Internet, satellite, and cable services  | 6c.      | \$             | 305.00                     |
| 6d.            | Other. Specify: Internet  | 6d.      | \$             | 73.00                      |
|                | Netflix   |          | \$             | 38.00                      |
| Food           | d and housekeeping supplies   |          | ·              | 655.00                     |
|                | dcare and children's education costs  | 8.       |                |                            |
|                |   |          |                | 0.00                       |
|                | hing, laundry, and dry cleaning   |          | ·              | 75.00                      |
|                | onal care products and services   | 10.      | ·              | 100.00                     |
|                | ical and dental expenses  | 11.      | \$             | 255.00                     |
|                | sportation. Include gas, maintenance, bus or train fare.  | 12.      | ¢              | 425.00                     |
|                | ot include car payments.  |          | ·              |                            |
|                | rtainment, clubs, recreation, newspapers, magazines, and books  | 13.      |                | 100.00                     |
|                | itable contributions and religious donations  | 14.      | \$             | 40.00                      |
|                | rance.  |          |                |                            |
|                | ot include insurance deducted from your pay or included in lines 4 or 20.   |          | •              |                            |
|                | Life insurance  | 15a.     | ·              | 141.00                     |
|                | Health insurance  | 15b.     |                | 525.10                     |
| 15c.           | Vehicle insurance   | 15c.     | \$             | 240.00                     |
| 15d.           | Other insurance. Specify:   | 15d.     | \$             | 0.00                       |
| Spec           |   | <br>16.  | \$             | 0.00                       |
| . Insta        | allment or lease payments:  |          |                |                            |
|                | Car payments for Vehicle 1  | 17a.     | \$             | 0.00                       |
| 17b.           | Car payments for Vehicle 2  | 17b.     | \$             | 0.00                       |
|                | Other. Specify:   | 17c.     | \$             | 0.00                       |
|                | Other. Specify:   | 17d.     | ·              | 0.00                       |
|                | payments of alimony, maintenance, and support that you did not report as  |          | ·              | 0.00                       |
|                | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  |          | \$             | 0.00                       |
|                | r payments you make to support others who do not live with you.   | -        | \$             | 0.00                       |
| Spec           | •   | 19.      | ·              | 0.00                       |
|                | er real property expenses not included in lines 4 or 5 of this form or on Sch   |          | our Income     |                            |
|                | Mortgages on other property   | 20a.     |                | 0.00                       |
|                | Real estate taxes   | 20b.     |                | 0.00                       |
|                | Property, homeowner's, or renter's insurance  | 20c.     |                |                            |
|                | • •   |          |                | 0.00                       |
|                | Maintenance, repair, and upkeep expenses  | 20d.     |                | 0.00                       |
|                | Homeowner's association or condominium dues   | 20e.     | *              | 0.00                       |
| Othe           | r: Specify: Student loans   | 21.      | +\$            | 150.00                     |
| Calc           | ulate your monthly expenses   |          |                |                            |
|                | Add lines 4 through 21.   |          | \$             | 4,568.10                   |
|                | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |          | \$             | 7,300.10                   |
|                |   |          | ·              |                            |
| 22c.           | Add line 22a and 22b. The result is your monthly expenses.  |          | \$             | 4,568.10                   |
| Calc           | ulate your monthly net income.  |          |                |                            |
|                | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.     | \$             | 4,606.80                   |
|                | Copy your monthly expenses from line 22c above.   |          |                |                            |
| ∠30.           | Copy your monthly expenses from line 220 above.   | 23b.     | -φ             | 4,568.10                   |
| 230            | Subtract your monthly expenses from your monthly income.  |          |                |                            |
| 200.           | The result is your monthly net income.  | 23c.     | \$             | 38.70                      |
| For e<br>modif | ou expect an increase or decrease in your expenses within the year after y xample, do you expect to finish paying for your car loan within the year or do you expect you ication to the terms of your mortgage? |          |                | ease or decrease because c |
| ■ N            | 0.  |          |                |                            |
| ΠY             | es. Explain here:   |          |                |                            |
|                |   |          |                |                            |

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| Fill in this infor  | rmation to identify your                           | case:                      |                        |                             |   |
|---------------------|--|----------------------------|------------------------|-----------------------------|---|
| Debtor 1            | Bozena Szczesna                                    | 1                          |                        |                             |   |
|                     | First Name   | Middle Name                | Last Name              |                             |   |
| Debtor 2            |  |                            |                        |                             |   |
| (Spouse if, filing) | First Name   | Middle Name                | Last Name              |                             |   |
| United States Ba    | ankruptcy Court for the:                           | NORTHERN DISTRICT          | OF ILLINOIS            |                             |   |
| Case number         |  |                            |                        |                             |   |
| (if known)          |  |                            |                        |                             | ☐ Check if this is an amended filing                                |
|                     |  |                            |                        |                             | amended ming  |
|                     |  |                            |                        |                             |   |
| Official For        | m 106Dec   |                            |                        |                             |   |
|                     |  | امييامانيناميا مر          | Dobtorio               | Cahadulaa                   |   |
| Declara             | tion About a                                       | <u>n Individual</u>        | Deptor S               | Schedules                   | 12/15   |
| lf 4aa              |  |                            |                        |                             |   |
| ir two married p    | eopie are filing togethe                           | r, both are equally respon | isible for supplying   | correct information.        |   |
| obtaining mone      |  | n connection with a bank   |                        |                             | tement, concealing property, or<br>00, or imprisonment for up to 20 |
|                     |  |                            |                        |                             |   |
| Sig                 | ın Below   |                            |                        |                             |   |
|                     |  |                            |                        |                             |   |
| Did you pa          | ay or agree to pay some                            | one who is NOT an attorr   | ney to help you fill o | out bankruptcy forms?       |   |
| ■ No                |  |                            |                        |                             |   |
| ☐ Yes.              | Name of person                                     |                            |                        | Attach Bar                  | nkruptcy Petition Preparer's Notice,                                |
|                     |  |                            |                        |                             | n, and Signature (Official Form 119)                                |
|                     |  |                            |                        |                             |   |
|                     | alty of perjury, I declare<br>re true and correct. | that I have read the summ  | nary and schedules     | s filed with this declarati | ion and   |
|                     | _  |                            |                        |                             |   |
|                     | zena Szczesna                                      |                            | X                      |                             |   |
|                     | na Szczesna<br>ure of Debtor 1                     |                            | Signatur               | re of Debtor 2              |   |

Date \_\_\_\_\_

Date August 23, 2016

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| Fill               | in this inform             | nation to identify you                     | r case:  |   |   |   |
|--------------------|----------------------------|--|--|---|---|---|
| Del                | otor 1                     | Bozena Szczesn                             | na   |   |   |   |
|                    |                            | First Name                                 | Middle Name  | Last Name   |   |   |
| l                  | otor 2<br>ouse if, filing) | First Name                                 | Middle Name  | Last Name   |   |   |
| Uni                | ted States Bar             | nkruptcy Court for the:                    | NORTHERN DISTRICT (  | OF ILLINOIS   |   |   |
| Cas                | se number                  |  |  |   |   |   |
|                    | nown)                      |  |  |   | -   | Check if this is an mended filing                     |
| Sta                |                            | of Financial                               | Affairs for Indivi   |   |   | 4/10  |
| info               | rmation. If m              |  | attach a separate sheet to   |   | equally responsible for sup<br>y additional pages, write you    |   |
| Par                | t 1: Give D                | etails About Your Ma                       | arital Status and Where You  | ı Lived Before  |   |   |
| 1.                 | What is your               | current marital statu                      | ıs?  |   |   |   |
|                    | ■ Married □ Not mar        | ried                                       |  |   |   |   |
| 2.                 | During the la              | ıst 3 years, have you                      | lived anywhere other than  | where you live now?                                   |   |   |
|                    | ■ No □ Yes. List           | t all of the places you I                  | ived in the last 3 years. Do no  | ot include where you live nov                         | ı.  |   |
|                    | Debtor 1 Pri               | or Address:                                | Dates Debtor 1 lived there   | Debtor 2 Prior Ac                                     | dress:  | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>state |                            |  |  |   | ity property state or territory<br>ico, Texas, Washington and W |   |
|                    | ■ No □ Yes. Ma             | ke sure you fill out <i>Scl</i>            | hedule H: Your Codebtors (O  | fficial Form 106H).                                   |   |   |
| Par                | t 2 Explain                | n the Sources of You                       | r Income   |   |   |   |
| 4.                 | Fill in the tota           | I amount of income yo                      | nployment or from operating ureceived from all jobs and a have income that you receive | all businesses, including part                        |   | ndar years?   |
|                    | □ No                       |  |  |   |   |   |
|                    | Yes. Fill                  | in the details.                            |  |   |   |   |
|                    |                            |  | Debtor 1   |   | Debtor 2  |   |
|                    |                            |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|                    |                            | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$24,195.50   | ☐ Wages, commissions, bonuses, tips                             | \$13,600.00   |
|                    |                            |  | ☐ Operating a business   |   | Operating a business  |   |

Official Form 107

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Debtor 1 Bozena Szczesna

|    |       |      |                         |               | Debtor 1  |   | Debtor 2                                   |   |
|----|-------|------|-------------------------|---------------|---|---|--|---|
|    |       |      |                         |               | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|    |       |      | dar year:<br>December   | 31, 2015 )    | ■ Wages, commissions, bonuses, tips   | \$34,429.00   | ☐ Wages, commissions, bonuses, tips        | \$10,600.00   |
|    |       |      |                         |               | ☐ Operating a business  |   | Operating a business                       |   |
|    |       |      | dar year be<br>December |               | ■ Wages, commissions, bonuses, tips   | \$37,277.00   | ☐ Wages, commissions, bonuses, tips        | \$15,000.00   |
|    |       |      |                         |               | ☐ Operating a business  |   | Operating a business                       |   |
|    | List  | No   | source and              | Ü             | ome from each source separat  | tely. Do not include income tl  | ,  |   |
|    |       |      |                         |               | Debtor 1  |   | Debtor 2                                   |   |
|    |       |      |                         |               | Sources of income Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income Describe below.          | Gross income<br>(before deductions<br>and exclusions) |
| Pa | rt 3: | List | Certain Pa              | avments You   | Made Before You Filed for I   | Bankruptcv  |  |   |
| 6. |       |      |                         |               | 's debts primarily consumer   |   |  |   |
| ٥. |       | No.  | Neither D               | ebtor 1 nor I | Debtor 2 has primarily consult personal, family, or household                               | imer debts. Consumer debts  | s are defined in 11 U.S.C. § 10            | 11(8) as "incurred by an                              |
|    |       |      |                         | •             | ore you filed for bankruptcy, di  | d you pay any creditor a tota   | l of \$6,425* or more?                     |   |
|    |       |      | □ No.                   | Go to line 7  | <b>'.</b>   |   |  |   |
|    |       |      | ☐ Yes                   | paid that ci  | each creditor to whom you paideditor. Do not include paymen payments to an attorney for the | its for domestic support oblig  |  |   |
|    |       |      | * Subject               |               | t on 4/01/19 and every 3 years  | . ,   | or after the date of adjustmen             | t.  |
|    |       | Yes. |                         |               | or both have primarily consure you filed for bankruptcy, die                                |   | of \$600 or more?                          |   |
|    |       |      | ■ No.                   | Go to line 7  | ,   |   |  |   |
|    |       |      | □ Yes                   | include pay   | each creditor to whom you paid<br>ments for domestic support of<br>this bankruptcy case.    |   |  |   |

**Creditor's Name and Address** 

**Total amount** 

paid

Amount you

still owe

**Dates of payment** 

Was this payment for ...

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Case number (if known) Debtor 1 Bozena Szczesna

| 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corpora of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including on a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |                              |                      |                      | al partner; corporations<br>gent, including one for |                              |
|---|--|------------------------------|----------------------|----------------------|---|------------------------------|
|   | ☐ Yes. List all payments to an insider.  |                              |                      |                      |   |                              |
|   | Insider's Name and Address   | Dates of payment             | Total amount paid    | Amount you still owe | Reason for  | this payment                 |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos   |                              | ments or transfer a  | any property on a    | ccount of a d                                       | ebt that benefited an        |
|   | ☐ Yes. List all payments to an insider   |                              |                      |                      |   |                              |
|   | Insider's Name and Address   | Dates of payment             | Total amount paid    | Amount you still owe | Reason for<br>Include cred                          | this payment<br>litor's name |
| Pai   | t 4: Identify Legal Actions, Repossession  | ns. and Foreclosures         |                      |                      |   |                              |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details. |                              |                      |                      |   |                              |
|   | Case title Case number   | Nature of the case           | Court or agency      |                      | Status of th  | ne case                      |
| 10.   | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.          |                              | erty repossessed, t  | foreclosed, garnis   | hed, attached                                       | d, seized, or levied?        |
|   | Creditor Name and Address  | Describe the Property        |                      | Date                 |   | Value of the                 |
|   |  | Explain what happened        | I                    |                      |   | property                     |
| 11.   | Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No ☐ Yes. Fill in the details.  |                              | luding a bank or fi  | nancial institution  | , set off any a                                     | amounts from your            |
|   | Creditor Name and Address  | Describe the action the      | creditor took        | Date taken           | action was  | Amount                       |
| 12.   | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  No Yes  |                              | erty in the possess  |                      |   | efit of creditors, a         |
| Pai   | t 5: List Certain Gifts and Contributions  |                              |                      |                      |   |                              |
| 13.   | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.  | otcy, did you give any gifts | s with a total value | of more than \$60    | 0 per person  | ?                            |
|   | Gifts with a total value of more than \$600 per person   | Describe the gifts           |                      | Dates<br>the g       | s you gave<br>ifts                                  | Value                        |
|   | Person to Whom You Gave the Gift and Address:  |                              |                      |                      |   |                              |

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| 14. | Within 2 years before you filed for bankru  ■ No  □ Yes. Fill in the details for each gift or co   |                 |   | ns with a total | l value of more than              | \$600 to any charity?        |
|-----|--|-----------------|---|-----------------|-----------------------------------|------------------------------|
|     | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  | tal             | Describe what you contributed   |                 | Dates you contributed             | Value                        |
| Par | t 6: List Certain Losses   |                 |   |                 |                                   |                              |
| 15. |  | tcy or          | since you filed for bankruptcy, did y                                       | ou lose anyti   | hing because of thef              | t, fire, other disaster      |
|     | ■ No □ Yes. Fill in the details.   |                 |   |                 |                                   |                              |
|     |  | Descri          | be any insurance coverage for the lo  | oss             | Date of your                      | Value of property            |
|     |  |                 | the amount that insurance has paid. Lace claims on line 33 of Schedule A/B: |                 | loss                              | lost                         |
| Do  | t 7: List Certain Payments or Transfers  | nourai          | iso diamino dia mile de di Conoccio 772.                                    | r roporty.      |                                   |                              |
|     | □ No ■ Yes. Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Alicja M. Sroka                                     | οu              | Description and value of any propertransferred                              | erty            | Date payment or transfer was made | Amount of payment \$1,000.00 |
|     | 7742 W. Higgins Rd Unit C102<br>Chicago, IL 60631  |                 |   |                 | 03/13/2010                        | ψ1,000.00                    |
| 17. | promised to help you deal with your credit Do not include any payment or transfer that y   | tors o          | r to make payments to your creditors  |                 | r transfer any prope              | rty to anyone who            |
|     | <ul><li>■ No</li><li>☐ Yes. Fill in the details.</li></ul>   |                 |   |                 |                                   |                              |
|     | Person Who Was Paid<br>Address   |                 | Description and value of any propertransferred                              | erty            | Date payment or transfer was made | Amount of payment            |
| 18. | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alre | busin<br>made a | ess or financial affairs? as security (such as the granting of a se         |                 |                                   |                              |
|     | No  Yes. Fill in the details.  |                 |   |                 |                                   |                              |
|     | Yes. Fill in the details.  Person Who Received Transfer  |                 | Description and value of  | Describe a      | any property or                   | Date transfer was            |
|     | Address  |                 | property transferred  |                 | received or debts                 | made                         |
|     | Person's relationship to you   |                 |   |                 |                                   |                              |

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Debtor 1 Bozena Szczesna

| 19. | within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein asset-protein called asset-protein asset-pro |   | ny property to a | ı self-settle | ed trust or similar device                | of which y    | you are a              |
|-----|--|---|------------------|---------------|---|---------------|------------------------|
|     | ■ No □ Yes. Fill in the details.   |   |                  |               |   |               |                        |
|     | Name of trust  | Description and   | value of the pro | perty trans   | sferred                                   | Date Tra      | ansfer was             |
| Pai | t 8: List of Certain Financial Accounts, Inst  | ruments, Safe Deposi  | t Boxes, and St  | torage Uni    | ts  |               |                        |
| 20. | Within 1 year before you filed for bankruptcy,   | , were any financial ac                                       | counts or instr  | ruments he    | eld in your name, or for y                | your benef    | it, closed,            |
|     | sold, moved, or transferred?<br>Include checking, savings, money market, or<br>houses, pension funds, cooperatives, associ   |   |                  |               | it; shares in banks, cred                 | it unions, I  | brokerage              |
|     | ■ No □ Yes. Fill in the details.   |   |                  |               |   |               |                        |
|     |  | Last 4 digits of  | Type of acco     | unt or        | Date account was                          | Li            | ast balance            |
|     |  | account number  | instrument       |               | closed, sold,<br>moved, or<br>transferred |               | closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables?  | ear before you filed for                                      | r bankruptcy, a  | ny safe de    | posit box or other depo                   | sitory for s  | ecurities,             |
|     | ■ No □ Yes. Fill in the details.   |   |                  |               |   |               |                        |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |                  | Describe      | the contents                              | Do yo         | ou still<br>it?        |
| 22. | Have you stored property in a storage unit or  | place other than you  | r home within 1  | year befo     | re you filed for bankrup                  | tcy?          |                        |
|     | ■ No   |   |                  |               |   |               |                        |
|     | Yes. Fill in the details.  |   |                  |               |   |               |                        |
|     | Name of Storage Facility   | Who else has or   | had access       | Describe      | the contents                              |               | ou still               |
|     | Address (Number, Street, City, State and ZIP Code)   | to it? Address (Number, S State and ZIP Code)                 | Street, City,    |               |   | have          | it?                    |
| Pai | t 9: Identify Property You Hold or Control for   | or Someone Else   |                  |               |   |               |                        |
| 23. | Do you hold or control any property that som for someone.  | neone else owns? Incl   | ude any proper   | rty you bor   | rowed from, are storing                   | for, or hole  | d in trust             |
|     | ■ No   |   |                  |               |   |               |                        |
|     | Yes. Fill in the details.  |   |                  |               |   |               |                        |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)        |                  | Describe      | the property                              |               | Value                  |
| Pai | t 10: Give Details About Environmental Infor   | rmation   |                  |               |   |               |                        |
| For | the purpose of Part 10, the following definition   | ns apply:   |                  |               |   |               |                        |
|     | Environmental law means any federal, state, toxic substances, wastes, or material into the   | _   |                  |               |   |               |                        |
| _   | regulations controlling the cleanup of these s   | substances, wastes, o   | r material.      |               |   |               |                        |
|     | Site means any location, facility, or property to own, operate, or utilize it, including dispos  | -   | environmental    | law, wheth    | ner you now own, operat                   | e, or utilize | e it or used           |
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,   |   |                  |               |   |               |                        |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 Bozena Szczesna

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No |   |  |  |                    |  |  |  |
|--|---|--|--|--------------------|--|--|--|
|  | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |
|  | Name of site Address (Number, Street, City, State and ZIP Code)                           | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                      | Date of notice     |  |  |  |
| 25.  | Have you notified any governmental unit of a  | ny release of hazardous material?  |  |                    |  |  |  |
|  | ■ No<br>□ Yes. Fill in the details.   |  |  |                    |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)                        | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                      | Date of notice     |  |  |  |
| 26.  | Have you been a party in any judicial or admi   | nistrative proceeding under any enviro                                     | onmental law? Include settlements                      | and orders.        |  |  |  |
|  | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |
|  | Case Title<br>Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                                     | Status of the case |  |  |  |
| Par  | 11: Give Details About Your Business or Co  | onnections to Any Business   |  |                    |  |  |  |
| 27.  | Within 4 years before you filed for bankruptcy  | y, did you own a business or have any                                      | of the following connections to any                    | y business?        |  |  |  |
|  | ☐ A sole proprietor or self-employed in   | a trade, profession, or other activity, e                                  | ither full-time or part-time                           |                    |  |  |  |
|  | ☐ A member of a limited liability compar  | ny (LLC) or limited liability partnership                                  | (LLP)  |                    |  |  |  |
|  | ☐ A partner in a partnership  |  |  |                    |  |  |  |
|  | ☐ An officer, director, or managing exec  | cutive of a corporation  |  |                    |  |  |  |
|  | ☐ An owner of at least 5% of the voting   | or equity securities of a corporation                                      |  |                    |  |  |  |
|  | ■ No. None of the above applies. Go to Pa   | rt 12.   |  |                    |  |  |  |
|  | ☐ Yes. Check all that apply above and fill ir   | the details below for each business.                                       |  |                    |  |  |  |
|  |   | Describe the nature of the business  | Employer Identification numbe                          |                    |  |  |  |
|  | Address<br>(Number, Street, City, State and ZIP Code)                                     | Name of accountant or bookkeeper   | Do not include Social Security  Dates business existed | number of ITIN.    |  |  |  |
| 28.  | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | y, did you give a financial statement to                                   | anyone about your business? Incl                       | ude all financial  |  |  |  |
|  | ■ No<br>□ Yes. Fill in the details below.   |  |  |                    |  |  |  |
|  | Name Address (Number, Street, City, State and ZIP Code)                                   | Date Issued  |  |                    |  |  |  |
|  |   |  |  |                    |  |  |  |

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Case number (if known) Document

Debtor 1 Bozena Szczesna

| Part 1            | 2: Sign Below                         |   |                         |
|-------------------|---------------------------------------|---|-------------------------|
| are tru<br>with a | e and correct. I understand that make | of Financial Affairs and any attachments, and I declare under pating a false statement, concealing property, or obtaining money up to \$250,000, or imprisonment for up to 20 years, or both. | , , , ,                 |
| /s/ Bo            | ozena Szczesna                        |   |                         |
|                   | na Szczesna<br>ture of Debtor 1       | Signature of Debtor 2   | _                       |
| Date              | August 23, 2016                       | Date  | _                       |
| Did yo            | u attach additional pages to Your St  | atement of Financial Affairs for Individuals Filing for Bankrupto   | cy (Official Form 107)? |
| No                |                                       |   |                         |
| ☐ Yes             | 3                                     |   |                         |
| Did yo            | u pay or agree to pay someone who     | is not an attorney to help you fill out bankruptcy forms?   |                         |
| No                |                                       |   |                         |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform                              | nation to identify your   | case:  |   |   |
|--|---|--|---|---|
| Debtor 1   | Bozena Szczesna   |  |   |   |
| Debtor 2   | First Name  | Middle Name  | Last Name   |   |
| (Spouse if, filing)                              | First Name  | Middle Name  | Last Name   |   |
| United States Bar                                | nkruptcy Court for the:   | NORTHERN DIS   | TRICT OF ILLINOIS   |   |
| Case number                                      |   |  |   | ☐ Check if this is an amended filing                    |
| Official For                                     |   | n for Indiv  | viduals Filing Under Chap   | iter 7 12/15  |
| creditors have you have lease You must file this | ver is earlier, unless th   | ur property, or<br>and the lease has r<br>within 30 days after |   |   |
| sign and<br>Be as complete a<br>write yo         | d date the form.  Ind accurate as possibour name and case nur                                     | le. If more space in<br>the (if known).                        | oth are equally responsible for supplying corrects needed, attach a separate sheet to this form. (                                |   |
|  | our Creditors Who Have<br>ors that you listed in Pa   |  | e: Creditors Who Have Claims Secured by Prope   | erty (Official Form 106D), fill in the                  |
| information be<br>Identify the cre               | low.<br>editor and the property t   | hat is collateral  | What do you intend to do with the property t secures a debt?  | hat Did you claim the property as exempt on Schedule C? |
| Creditor's Caname:                               | apital One Auto Fina  | ance   | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □ No  |
| Description of property securing debt:           | 2015 Jeep Patriot Debtor bought a control brother, brother is the payments and possesion of the v | ar for her<br>s making all<br>is in the                        | <ul> <li>■ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | ■ Yes   |
| Creditor's Cl                                    | hase  |  | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □ No  |

Official Form 108

Description of

securing debt:

property

Creditor's

name:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

Retain the property and enter into a

Reaffirmation Agreement.

Description of Charge Account-Diamond

7737 W. 161 Street Place Tinley

Park, IL 60477 Cook County

JB Robinson/Sterling Jewelers

Yes

□ No

Yes

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| Case number (if known)   |
|--|
| ☐ Retain the property and [explain]:   |
| I in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill nexpired leases are leases that are still in effect; the lease period has not yet ended. the trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Will the lease be assumed?   |
| □ No   |
|  |
| □ No   |
| ☐ Yes  |
|  |
| y intention about any property of my estate that secures a debt and any personal   |
| x  |
| Signature of Debtor 2  |
| Date   |
|  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-27094 Doc 1 Filed 08/23/16 Entered 08/23/16 16:57:18 Desc Main Document Page 48 of 51

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Illinois

| In re       | Bozena Szczesna  |   | Case No.   |                         |              |
|-------------|--|---|--|-------------------------|--------------|
|             |  | Debtor(s)   | Chapter  | 7                       |              |
|             | DISCLOSURE OF COMPE  | NSATION OF ATTOR  | RNEY FOR DE  | CBTOR(S)                |              |
| C           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 ompensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation   | ng of the petition in bankruptcy,   | or agreed to be paid   | to me, for services rer | ndered or to |
|             | For legal services, I have agreed to accept  |   | \$   | 1,500.00                |              |
|             | Prior to the filing of this statement I have received  |   | \$   | 1,000.00                |              |
|             | Balance Due  |   | \$   | 500.00                  |              |
| 2. T        | The source of the compensation paid to me was:   |   |  |                         |              |
|             | ■ Debtor □ Other (specify):  |   |  |                         |              |
| 3. T        | The source of compensation to be paid to me is:  |   |  |                         |              |
|             | ■ Debtor □ Other (specify):  |   |  |                         |              |
| 4. <b>I</b> | I have not agreed to share the above-disclosed comp  | pensation with any other person   | unless they are memb   | pers and associates of  | my law firm. |
| [           | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na   |   |  |                         | w firm. A    |
| 5. I        | n return for the above-disclosed fee, I have agreed to re  | ender legal service for all aspects   | s of the bankruptcy c  | ase, including:         |              |
| b<br>c.     | <ul> <li>Analysis of the debtor's financial situation, and render.</li> <li>Preparation and filing of any petition, schedules, stated and the second of the debtor at the meeting of credity.</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on how</li> </ul> | tement of affairs and plan which<br>ors and confirmation hearing, an<br>reduce to market value; exe<br>ons as needed; preparation | may be required;<br>d any adjourned hear<br>mption planning; | rings thereof;          | ling of      |
| 6. B        | By agreement with the debtor(s), the above-disclosed fe<br>Representation of the debtors in any dis<br>any other adversary proceeding.   |   |  | es, relief from stay    | actions or   |
|             |  | CERTIFICATION   |  |                         |              |
|             | certify that the foregoing is a complete statement of an ankruptcy proceeding.   | ny agreement or arrangement for   | payment to me for re   | epresentation of the de | btor(s) in   |
| Αι          | ugust 23, 2016   | /s/ Alicja M. Sroka   | 1  |                         |              |
| Da          | nte  | Alicja M. Sroka   |  |                         |              |
|             |  | Signature of Attorne<br>Alicja M. Sroka &   | Associates, P.C.   |                         |              |
|             |  | 7742 W. Higgins U<br>Chicago, IL 60631  |  |                         |              |
|             |  | 847 720 4787 Fax  |  |                         |              |
|             |  | alicja@sroka-law.   | .com   |                         |              |
|             |  | Name of law firm  |  |                         |              |

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### United States Bankruptcy Court Northern District of Illinois

| In re | Bozena Szczesna                            |   | Case No.                       |              |
|-------|--|---|--------------------------------|--------------|
|       |  | Debtor(s)   | Chapter 7                      |              |
|       | VE   | ERIFICATION OF CREDITOR M                               | ATRIX                          |              |
|       |  | Number of   | Creditors:                     | 17           |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credit               | ors is true and correct to the | e best of my |
| Date: | August 23, 2016                            | /s/ Bozena Szczesna Bozena Szczesna Signature of Debtor |                                |              |

Advocate Health Care P.O. Box 4256 Carol Stream, IL 60197

Avant Credit, Inc 640 N La Salle St Suite 535 Chicago, IL 60654

Barclays Bank Delaware Po Box 8801 Wilmington, DE 19899

Capital One Po Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance Attn: Bankruptcy Dept Po Box 30258 Salt Lake City, UT 84130

Chase P.O. Box 15298 Wilmington, DE 19850

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

First National Credit Card/Legacy First National Credit Card Po Box 5097 Sioux Falls, SD 51117

First Premier Bank 601 S Minneapolis Ave Sioux Falls, SD 57104

First Savings Credit Card Po Box 5019 Sioux Falls, SD 57117 IRS
Insolvency Remittance,
Post Office Box 21125
Philadelphia, PA 19114

JB Robinson/Sterling Jewelers Attn: Bankruptcy Po Box 1799 Akron, OH 44309

Kohls/Capital One Po Box 3120 Milwaukee, WI 53201

Midamerica/milestone/g Po Box 4499 Beaverton, OR 97076

Synchrony Bank/Walmart Po Box 965064 Orlando, FL 32896

Target C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440

Us Dept of Ed/Great Lakes Educational Lo 2401 International Madison, WI 53704